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CONFIRMATION NO. 8568

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| SERIAL NUMBER 09/806,370 | FILING DATE 10/03/2001 RULE | C | CLASS 424 | GROUP ART 1645 | UNIT | | ATTORNEY OCKET NO. 33,383-00 |
| APPLICANTS | | | | | | | |
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| ** CONTINUING DATA ********************************** | | | | | | | |
| ** FOREIGN APPLICATIONS ************************************ | | | | | | | |
| Foreign Priority claimed 35 USC 119 (a-d) conditions | yes no Met afte | tials | STATE OR | SHEETS | ТОТ | ٩L | INDEPENDENT |
| met Verified and | Allowance Q | | COUNTRY | DRAWING 21 | CLAII 27 | ИS | CLAIMS 12 |
| ADDRESS 38199 HOWSON AND HOWSON CATHY A. KODROFF ONE SPRING HOUSE CORPORATE CENTER BOX 457 SPRING HOUSE, PA 19477 | | | | | | | |
| TITLE Mutant cholera holotox | kin as an adjuvant | • | | | | | |
| ☐ All Fees | | | | | | | |
| | 1.16 Fees (Filing) | | | | | | |
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